

# Wattsburg Area School District

July 1, 2018 – June 30, 2019

## Vendor Request for Payment

Supplier \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Building \_\_\_\_\_

Grade	
Subject	

Program/Grant	
Category	
Objective No.	

Date of Service	Service/Item Purchased	Description (Program/Grant/Account)	Total Cost

**Total** \_\_\_\_\_

**ATTACH ALL ORIGINAL RECEIPTS**, maintain a copy for your records.  
 Original itemized Invoice Only  
 No statements, copies or faxes.

**MUST BE RECEIVED BY THE 2<sup>ND</sup> MONDAY OF EACH MONTH**

Receiver's Signature	Date
Approved by Principal/ Program Coordinator	Date